SOUTHERN WORKFORCE BOARD, INC.

SUPPLEMENTAL WAGE POLICY AND PROCEDURES

August 15, 2018
Approved October 30, 2024
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SWB is an Equal Opportunity Employer/Program and Activities. Auxiliary aids and services are available upon request to individuals with disabilities. SWB's employment program is 100 percent funded by the U.S. Department of Labor through awards totaling $5,000,000.

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PURPOSE: The Southern Workforce Development Board provides this guidance for the use of supplemental wage information, when appropriate, to assist in carrying out the performance accountability requirements under Section 116 for the WIOA Title I Programs and the Wagner-Peyser Employment Services as amended by Title III. This guidance provides information on the collection and use of supplemental information, when reliance on such information is necessary for verifying and reporting on the employment-related performance indicators.

REFERENCES:

- The Workforce Innovation and Opportunity Act (WIOA) Section 116
- 20 CFR Part 677
- (TEGL) No. 26-16
- TEGL No. 10-16, Change 1
- (OCTAE-PM) No. 17-2 ED DOL Performance Accountability Guidance
- OCTAE-PM No. 17-6
- U.S. Department of Education/Office of Special Education and Rehabilitative Services Rehabilitation Services Administration Technical Assistance Circular (RSA-TAC) No. 17-04
- RSA-TAC No. 17-1
- WSD #69-2024

MESSAGE:

The Workforce Innovation and Opportunity Act (WIOA) created a comprehensive workforce development system that emphasizes the identification of barriers and working towards removing those barriers to better coordinated, align, and avoid duplication among programs and activities. This guidance provides information on the collection and use of supplemental information when reliance on such information is necessary for verifying and reporting on the employment-related performance indicators. TEGL 26-16, OCTAE-PM17-6, RSA-TAC 17-04, and WIOA Section 116 establishes performance accountability indicators and performance reporting requirements to assess the effectiveness of States and local areas in achieving positive outcomes for the individuals served by each of the six core WIOA programs. These six core programs are the Adult, Dislocated Worker, and Youth programs, authorized under WIOA title I and administered by DOL; the Adult Education and Family Literacy Act (AEFLA) program, authorized under WIOA title II and administered by ED; the Employment Service program authorized under the Wagner-Peyser Act, as amended by WIOA title III and administered by DOL; and the Vocational Rehabilitation (VR) program authorized under title I of the Rehabilitation Act of 1973, as amended by WIOA title IV and administered by ED. To further clarify the requirements of the performance accountability system and assist States in understanding the methodologies for calculating levels of performance for the six primary indicators of performance, the operational parameters for each of the indicators, and the application of each of the indicators to each core programs, DOL and DOE released Performance Accountability Guidance's for WIOA as OCTAE-PM 17-2, TEGL 10-16, Change 1, and RES-TAC 17-1.

Employment-related performance indicators require reporting on all participants who participate in any of the programs under WIOA and eligibility is not contingent upon the individual providing a Social Security Number (SSN), there are challenges the core programs face in tracking the progress of individuals for whom obtaining a quarterly wage record match may not be possible. Core program partners are responsible for the supplemental information collection of their participants per the programs follow up requirements. If a participant is co-enrolled, then the program that is providing the training or education services will be responsible for the supplemental information collection during the participants required follow-up timeframe. WIOA Section 116 establishes performance accountability indicators and performance reporting requirements to assess the effectiveness of the Southern Area in achieving positive outcomes for the individuals served. Since these

performance indicators require reporting on all participants and eligibility to participate in any of the programs under WIOA and eligibility is not contingent upon the individual providing a Social Security Number (SSN), there are challenges the core programs face in tracking the progress of individuals for whom obtaining a quarterly wage record match may not be possible.

Direct Unemployment Insurance (UI) wage match, obtained through either Oklahoma UI data or the out-of-State wage record data exchange, via appropriate data sharing agreement, will be the primary data source for verifying participant outcomes for purposes of calculating levels of performance for the employment-related indicators and will be used when available.

Supplemental information obtained from either the participant or the participant's employer may be utilized to collect employment-related data as necessary for calculating levels of performance. Program participants for which a direct record match may not be available include, but are not limited to:

- Federal employees;
- Military employees;
- Individuals who are self-employed;
- Individuals who do not provide a SSN; or
- Individuals who engage in employment that is excluded from employer tax filings covered under Federal and State UI laws

TIMELINE FOR DATA COLLECTION: The optimal time to collect supplemental information is immediately following the second and fourth full quarters after exit. The more time that elapses before participants are contacted after they exit the program, the greater likelihood of a lower response rate resulting in missing or inaccurate data. The table below illustrates the timeline for supplemental information data collection:

Timeline for Data Collection		
Performance Indicator[a]	**UI Wage Data Becomes Available**	**Collection of Supplemental Wage Information May Begin**
Employment Rate – Second Quarter after Exit (including Title I Youth)	During third or fourth quarter after exit	Beginning third quarter after exit
Employment Rate – Fourth Quarter after Exit (including Title I Youth)	During fifth or sixth quarter after exit (first or second quarter, next program year)	Beginning fifth quarter after exit
Median Earnings – Second Quarter after Exit	During third or fourth quarter after exit	Beginning third quarter after exit
Credential Attainment – within 1 Year after Exit	During second or third quarter after exit	Beginning second quarter after exit

Participants who provide a SSN and have exited a program but for whom information is not yet available, are not included in performance calculations until such data subsequently becomes available. There is a two-quarter lag built into the reporting periods to allow time for reporting participant exits and direct UI wage record match, and for obtaining supplemental information not yet available. It is not necessary for supplemental information to be collected on those clients that should have a direct wage match. However, it is imperative to closely monitor these participants to verify direct UI wage data once the allotted timeframe has passed to ensure that wage data is available and supplemental information collection is not needed.

Example: ***If a participant exits the program between July 1, 2016 and September 30, 2016 (first quarter of program year (PY) 2016) for the Employment Rate – Second Quarter After Exit data.***

- ***The Employment Rate information collected (employer and wage) will be for third quarter of PY 2016 (January 1, 2017 – March 31, 2017).***
- ***Supplement Wage Collection may begin the fourth quarter of PY 2016 (April 1, 2017 – June 30, 2017).***
- ***UI wage data will become available either the third or fourth quarter after exit (April 1, 2017 – June 30, 2017 or July 1, 2017 – September* 30, 2017).**
- ***The participant will not be included (reported) in the Employment Rate – Second Quarter After Exit until the quarterly report for the quarter ending September 30, 2017 (first quarter of PY 2017) and the annual report for PY 2017 for the period ending June 30, 2018.***

Reporting Data for Employment-Related Performance Indicators Timeline				
Exit Quarter	**Report Employment Rate – 2nd Quarter (including Title I Youth) by End of:**	**Report Employment Rate – 4th Quarter (including Title I Youth) by End of:**	**Report Median Earnings by End of:**	**Report Credential Attainment (Employment) – within 1 Year after Exit by End of:**
First Quarter (Q1) *(July 1 – September 30)*	Q1, Next Program Year (four quarters later)	Q3, Next Program Year (six quarters later)	Q1, Next Program Year (four quarters later)	Q3, Next Program Year (six quarters later)
Second Quarter (Q2) *(October 1 – December 31)*	Q2, Next Program Year (four quarters later)	Q4, Next Program Year (six quarters later)	Q2, Next Program Year (four quarters later)	Q4, Next Program Year (six quarters later)
Third Quarter (Q3) *(January 1 – March 31)*	Q3, Next Program Year (four quarters later)	Q1, Second Program Year After Exit (six quarters later)	Q3, Next Program Year (four quarters later)	Q1, Second Program Year After Exit (six quarters later)
Fourth Quarter (Q4) *(April 1 – June 30)*	Q4, Next Program Year (four quarters later)	Q2, Second Program Year After Exit (six quarters later)	Q4, Next Program Year (four quarters later)	Q2, Second Program Year After Exit (six quarters later)

COLLECTION REQUIREMENTS: Supplemental information may be acquired in an interview by program staff with the participant or the participant's employer (with a signed consent form). Supplemental information should be collected during the programs required follow-up timeframe. Supplemental information must be collected the for the 2nd and 4th quarter after exit, be reported in the participant's program case management system, have electronic copies of acceptable support documentation uploaded into the participant's case file, and include the following information:

- Quarter for which data is being collected
- O*NET – Standard Occupation Classification (SOC)
- NAICS – North American Industry Classification System
- FEIN – Federal Tax Identification Number
- Employer
- Company City
- Company State
- Source of Supplemental Data
- Total Earnings for Quarter

Quarter 1				Quarter 2				Quarter 3				Quarter 4		
July	Aug	Sep		Oct	Nov	Dec		Jan	Feb	March		April	May	June

SOURCE DOCUMENTATION: One "Acceptable Source Document" for supplemental wage information listed below is required. It must be uploaded into the participant's case file as an Enrollment documentation item type and a Validation document type for the applicable enrollments.

Tax documents, payroll records, and employer records such as:

- Copies of quarterly tax payment forms to the Internal Revenue Service, such as a Form 941 (Employer's Quarterly Tax Return);
- Copies of pay stubs (minimum of two pay stubs); or
- Signed letter or other information from employer on company letterhead attesting to an individual's employment status and earnings.

Other supplemental records:

- Income earned from commission in sales or other similar positions;
- Automated database systems or data matching with other partners with whom data sharing agreements exist;
- WIOA Partner's administrative records that contain required information, such as current records of eligibility for programs with income-based eligibility (e.g., Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP); or
- WIOA Participant Supplemental Information Follow-up Survey, Attachment I;
- Self-employment worksheet signed and attested to by program participants, Attachment II. Earnings (or net profit) can be calculated by subtracting total expenses from gross receipts. Not all self-employed individuals receive a salary, but the funds that represent income over expenses that are available to be invested back into the business are considered earnings.

COLLECTION METHOD:

Notification Prior to Exit:

Participants must be informed during enrollment and at program exit that they or their employers may be contacted to obtain confirmation of employment status and earnings as well as the expected timeframe for those follow-up contacts. Multiple forms of contact should be collected, reviewed, and updated periodically with the participant during enrollment to ensure follow-up contact can be made. Preferred methods of contact (i.e. email, text, social media, or telephone) must be noted in the participant's case file. A signed consent form (Attachment IV) must be uploaded into the participants file in order to contact the participant's employer for supplemental information.

Identify Individuals:

Many participants will be excluded from needing supplemental information collection as there will be a direct wage match for most participants in Oklahoma's UI Wage Records. Specific individuals will not be included in the Oklahoma UI Wage Records and will need to be identified and included in supplemental information collection. Program participants for which a direct record match may not be available include, but are not limited to:

- Participants who opted not to disclose their Social Security Number during enrollment.
- Participants whose career path is likely to lead to work as a self-employed individual.
- Participants whose career path lead to employment that is excluded from employer tax filings covered

under Federal and State UI laws
- Participants career path that lead to military or federal employment.

Follow-up Contact:

Maintaining contact with, or finding, these former participants and getting them to cooperate in the supplemental information follow-up process is critical to its success since the response rate largely determines the validity of the information. Locating such individuals can be difficult, given the transient nature of some core program participants. If the participant cannot be reached, program staff may reach out to the participant's last known employer.

Documenting contact and attempted contact, contact method, and any relevant information needed for future follow-up contacts in the participant's case file is required.

Once contact has been made with a former participant or their employer it is necessary to provide information regarding the purpose of the contact.

- Introduce yourself, and the agency you are representing
    - Who you are
    - What program the client received services from
- State the purpose for the call:
    - Remind the participant that they were informed during enrollment and at program exit that they would be contacted to obtain confirmation of employment and find out how they are progressing after completing the program.
    - Ensure the client understands that all information collected will be kept confidential, used by the program to evaluate success, and to improve program services.
- Describe the process:
    - Short survey regarding how they have progressed over the last three months.
    - Collection of source documentation
    - Reminder of next follow-up period (for 2nd quarter follow-up calls)
    - Reiterate that all information will be kept confidential
- Complete Collection form and collection of source documentation
    - Ensure that information gathered is representative of the participant's regular hours and earnings for unsubsidized employment during the quarter.
    - Include all compensation paid to the participant during the quarter, not projected amounts based on the wage conversion chart.
- Document contact and collected information in applicable program case management system

Documentation:

The WIOA Supplemental Information Follow-up Survey provides a guideline to collect appropriate information and can be used as a survey tool and/or an acceptable source document if other source documentation is not available, or if the participant does not want to provide documentation. There may be questions on this form that are not relevant to the program that the participant was enrolled in and they are not required to be answered. If this form is utilized in supplemental information collection it must be uploaded into the appropriate case management system for documentation. Additionally, if wages are not available in EmployOklahoma in the 2nd and 4th quarters after exit, it is required to obtain the WIOA Supplemental Information Follow-up Survey or another form of documentation to verify employment in those quarters for all WIOA participants.

The Self-Employment Worksheet provides documentation for those individuals who are self-employed and do not have/want to provide other acceptable source documents. This documentation should be used as a "last resort" for documentation of self-employment.

The Wage Conversion Chart is provided as a conversion tool for wages. The varying intervals of pay schedules mean that not every quarter reflects 13 weeks' wages, and you may need to make adjustments. It is important to only report those wages that are actually paid to the participant during the quarter, not projected amounts based on the wage conversion chart.

Additional Considerations:

The following must be considered when collecting supplemental information for purposes of calculating levels of performance for the employment-related indicators:

- It is required to report a participant's status in unsubsidized employment during the second and fourth quarter after exit.
- It is required to report a participant's quarterly earnings during the second quarter after exit in order to calculate the median earnings performance indicator.
- If supplemental information is used to determine employment status in the second quarter after exit, then supplemental information must be used to determine median earnings in the second quarter after exit. There are no requirements to use supplemental information across multiple reporting periods (second and fourth quarters after exit) in the event an individual's employment status has changed.
- Direct wage records will be utilized when available for performance reporting even if supplemental wage information is available in the system, since direct wage match yields the most reliable data.
- A participant's quarterly earnings used for reporting the median earnings indicator second quarter after exit only reflects those wages that are actually paid to (or earned by) the participant during the quarter, not projected amounts, and is representative of the participant's regular hours and earnings.
- Include all compensation for services including commissions, bonuses, dismissal payments, gratuities received, and wages paid to the participant during the quarter, not projected amounts.
- Participants who do not have the necessary data to complete a wage record match and do not collect supplemental information are still included in the employment status performance calculations as a negative for the applicable quarter after exit.
- Participants will be excluded from the median earnings indicator calculation if the employment rate second quarter after exit is a negative.

EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT: All Recipients, and Sub recipients/Sub grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

REVISIONS:

The SWB Executive Director is authorized to make revisions and issue supplemental instructions, guidance, approvals, and/or forms as necessary to implement, clarify, or maintain compliance with this policy. This authority extends to making updates as required to align with federal or state regulations, policy directives, or organizational needs.

ATTACHMENTS:

Attachment I: WIOA Supplemental Information Follow-up Survey
Attachment II: Self-Employment Worksheet
Attachment III: Wage Conversion Chart
Attachment IV: Employer Contact Consent Form

WIOA Supplemental Information Follow-up Survey

Attachment I

Name: _____

Date: _____

PID: _____

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

This survey will only take a few minutes and all information you give will be strictly confidential.

POSTSECONDARY EDUCATION AND TRAINING

1. Since the end of your program, have you attained a recognized credential?
   ☐ Yes ☐ No If yes, What type of credential: _____
2. Since the end of your program, have you enrolled in any postsecondary educational or training programs?
   ☐ Yes (Proceed to Next Question) ☐ No (Proceed to Employment Questions)
3. In what type of class or classes have you enrolled? (Check all that apply.)
   ☐ Adult Workforce Education/Job Training/ ☐ College
4. Career Center/Skilled Trades Program
   ☐ Other (Specify) _____
   ☐ Do not know or Prefer not to answer

EMPLOYMENT

1. Are you currently Employed? ☐ Yes ☐ No
2. Since completing our program, please select the 3-month period(s) you have been employed.
   ☐ January to March ☐ April to June ☐ July to September ☐ October to December
3. Place of Employment during the previous 3-month period:
   Employer: _____Type of Employment: _____
   Employer Address: _____City: _____ State: _____
   Employer FEIN (if known): _____ O*Net: _____ NAICS: _____
4. Is the job related to any education/training you received during the program you attended?
   ☐ Yes ☐ No
5. Approximately how many hours do you work each week? _____ Hours Wage per hour: $ _____
6. Total Wage during the previous 3-month period of employment (wage conversion chart, if needed): $_____
7. Reason for Unemployment:
   ☐ Unemployed due to Termination/Layoff
   ☐ Insufficient Employment Opportunity
   ☐ Self-Employed/Lack of Work
   ☐ Prefer Not to Answer
   ☐ Military relocation
   ☐ Unemployed due to permanent closure/substantial layoff at place of employment
   ☐ Other _____

Signature:_____ **Closing Date:** _____

Do you have any questions or comments?

Staff Use Only: (If Completed by Phone)

Survey administered by:_____ Date:_____

Staff Use Only:
Gross Quarterly Wage Calculation:

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SELF-EMPLOYMENT WORKSHEET

List all gross receipts and total expenses for the previous three months. Subtract total expenses from gross receipts to calculate Net Profit for each Month. Add Net Profit for previous three months to obtain the **Total Net Profit (Earnings)** for the Previous Quarter.

All information you share will be kept confidential.

Name: _____

Business Name: _____

Date: _____

PID: _____

	MONTH_____	MONTH_____	MONTH_____
Wages			
Commission			
Bonuses			
Cash Value of Compensation other than cash			
Gratuities			
Wages earned but not received			
Other includable income (Specify below):			
Gross Receipts			

	MONTH_____	MONTH_____	MONTH_____
Business Rent			
Business Telephone			
Business Utilities			
Business Supplies			
Other expenses (Specify below):			
Total Expenses			
	MONTH_____	MONTH_____	MONTH_____
Net Profit			

Total Net Profit (Earnings): _____

I, _____ , certify that the information stated above is true and accurate, and there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification, and that I may be required to document its accuracy.

Signature: _____ Date: _____

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Wage Conversion Chart

This is a guide to convert various wage and earnings inputs to a quarterly wage

Directions: Collect the hourly/weekly/bi-weekly/monthly/annual wages from the participant and enter that value in the appropriate cell*. The example input values in **red** must be replaced with the appropriate information collected from the participant to calculate the reportable quarterly wage.

Convert Hourly Rate to Quarterly Wages

Hourly Rate ($xxx.xx/hour)		hours worked per week on average (xx.x)		13 weeks per quarter		Quarterly Wages
$7.25	X	32.0	X	13	=	$3,016.00

Convert Weekly Wages to Quarterly Wages

Weekly Wages ($xxxxx.xx)		13 weeks per quarter		Quarterly Wages
$290.00	X	13	=	$3,770.00

Convert Biweekly Wages to Quarterly Wages

Biweekly Wages ($xxxxx.xx)		6.5 biweekly pay periods per quarter		Quarterly Wages
$580.00	X	6.5	=	$3,770.00

Convert Monthly Wages to Quarterly Wages

Monthly Wages ($xxxxx.xx)		3 months per quarter		Quarterly Wages
$1,256.67	X	3	=	$3,770.01

Convert Annual Wages to Quarterly Wages

Annual Wages ($xxxxxx.xx)		4 quarters per year		Quarterly Wages
$15,080.00	/	4	=	$3,770.00

Employer Contact Consent Form

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/maintaining employment. This document provides your consent to contact your employer to obtain information that will be used to evaluate our program services

I agree to the following:

1. I understand that this document provides permission for my employer to be contacted by _____ program staff and that my employer may provide information including my status of employment, length of employment, type of employment, hours of employment, and my hourly/weekly wage during the previous 3-months.
2. I understand that this document only provides permission to contact my employer two times for supplemental information. First contact will be on/around _____ (2nd quarter after exit) and the second contact will be on/around _____ (4th quarter after exit).
3. I understand that participation in the supplemental Information follow-up is voluntary. My employer can refuse to answer any questions they do not wish to answer.
4. I understand that I have the right to revoke (cancel) the permission I have given to contact my employer at any time by contacting _____ and providing written notice. I understand that if I revoke (cancel) permission to contact my employer, information that has already been collected at the time permission is revoked (canceled) will be used in evaluation of program performance, however further contact to my employer will not be made.
5. I understand that the information gathered will remain confidential.
6. I understand that the information gathered from my employer will only be used to evaluate program performance.

I have read the information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I voluntarily consent to the employer contact for supplemental information collection if I am unable to be reached.

Participant

Participant ID #: _____

Printed Name: _____

Signature: _____

Date: _____

Program Staff

Printed Name: _____

Signature: _____

Date: _____

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